

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF OHIO
WESTERN DIVISION

IN RE: : CASE NO. 18-11747
CHAPTER 13
Robert L. DuBose, Jr.
Gladys DuBose : JUDGE Jeffrey P. Hopkins
DEBTORS : MOTION TO RETAIN INSURANCE
PROCEEDS

Comes now the debtor(s) who respectfully state that they have received or are about to receive insurance proceeds in the amount of \$7,299.22.

MEMORANDUM

Debtor(s) propose to pay \$0 to the Chapter 13 Trustee and retain \$7,299.22 for their maintenance and support pursuant to 11 U.S.C. Section 1325.

Debtor(s) propose to use their insurance proceeds to pay the following expenses:

Debtors' property suffered a flood. Debtors replacement and repairs from the damage are \$7,632.47. Debtors' have attached a copy of the claim and estimate to this motion.

The Plan currently provides for payment of 1% to the unsecured creditors. The plan percentage will remain at 1% .

Respectfully submitted,

/s/ Brian D. Flick, Esq.
Brian D. Flick, Esq. (0081605)
DannLaw
15000 Madison Avenue
Lakewood, OH 44107
(513) 645-3488
(216) 373-0539 e-fax
notices@dannlaw.com
Attorney for Debtor(s)

DEBTOR'S VERIFICATION

The Debtor(s), Robert L. DuBose, Jr. and Gladys DuBose, being first duly sworn and cautioned state(s) as follows:

1. The requested retained funds will be used for the purpose stated above.
2. These expenses were not budgeted for within Schedule J (or if they were – explain what happened).
3. I/We are requesting to retain the tax refund, inheritance, bequest, lottery winnings, gifts, or insurance proceeds to pay for these expenses.

/s/ Robert L. DuBose, Jr.
Robert L. DuBose, Jr., Debtor

/s/ Gladys DuBose
Gladys DuBose, Co-Debtor

NOTICE

Your counsel has filed papers with the Court to retain insurance proceeds.

Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy. If you do not have one, you may wish to consult one.

If you do not want the court to grant the Motion to Retain Insurance Proceeds or if you want the court to consider your views on the Motion, then within twenty-one (21) days from the date of service as set forth in the certificate of service below you or your attorney must file with the court a written request for a hearing {or, if the court requires a written response, an answer, explaining your position} at:

Clerk of the US Bankruptcy Court
Atrium Two, Suite 800
221 East Fourth Street
Cincinnati, Ohio 45202

You must also mail a copy to:

Brian D. Flick, Esq.
DannLaw, 15000 Madison Avenue
Lakewood, OH 44107

Margaret Burks, Chapter 13 Trustee
600 Vine Street
Suite 2200
Cincinnati, OH 45202

Office of the US Trustee
J.W. Peck Federal Building
550 Main Street
Room 4-812
Cincinnati, Ohio 45202

If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief.

Date: September 15, 2021

/s/ Brian D. Flick, Esq.
Brian D. Flick, Esq. (0081605)
DannLaw
15000 Madison Avenue
Lakewood, OH 44107
(513) 645-3488
(216) 373-0539 e-fax
notices@dannlaw.com
Attorney for Debtor(s)

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Motion to Retain was served **electronically** on the date of filing through the court's ECF System on all ECF participants registered in this case at the email address registered with the court and

by **first class mail** on September 15, 2021 addressed to:

Robert L. DuBose, Jr.
Gladys DuBose
549 Bessinger Drive
Cincinnati, OH 45240

Land Claims Services, LLC
652 Blazing Trail
Oregonia, OH 45054

All creditors on the attached matrix

/s/ Brian D. Flick, Esq.
Brian D. Flick, Esq. (0081605)
DannLaw
Attorney for Debtor(s)

Label Matrix for local noticing

Asst US Trustee (Cin)

Office of the US Trustee

BioWorks

0648-1

PO Box 641089

Case 1:18-bk-11747

Southern District of Ohio

Cincinnati

Thu Jul 2 18:47:15 EDT 2020

J.W. Peck Federal Building

550 Main Street, Suite 4-812

Cincinnati, OH 45202-5212

Cincinnati, OH 45264-1089

Margaret A Burks

600 Vine Street

Suite 2200

Cincinnati, OH 45202-2491

CITY OF FOREST PARK

c/o Weltman, Weinberg & Reis, Co.,L.P.A.

323 W. Lakeside Avenue, Ste 200

Cleveland, OH 44113-1009

(p)CHOICE RECOVERY INC

1550 OLD HENDERSON ROAD

STE 100

COLUMBUS OH 43220-3662

Cincinnati Bell

P.O. Box 748003

Cincinnati, OH 45274-8003

City of Forest Park

1201 W. Kemper Road

Cincinnati, OH 45240-1697

Dr. Leonards/Carol Wright

1515 S. 21st St.

Clinton, IA 52732-6676

Gladys Saturday DuBose

549 Bessinger Dr.

Cincinnati, OH 45240-3956

Robert L DuBose Jr.

549 Bessinger Dr.

Cincinnati, OH 45240-3956

Duke Energy

Bankruptcy Dept.

PO Box 1006-EC03T

Charlotte, NC 28201

Good Samaritan Hospital

P.O. Box 740740

Cincinnati, OH 45274-0740

Adam Bradley Hall

Manley Deas Kochalski

P.O. Box 165028

Columbus, OH 43216-5028

Key Bridge Medical Revenue Care

2343 Baton Rouge

PO Box 1568

Lima, OH 45802-1568

Laboratory Corporation of America

PO Box 2240

Burlington, NC 27216-2240

Massey's

c/o Creditors Bankruptcy Service

P.O. Box 800849

Dallas, TX 75380-0849

Mercy Health

PO Box 1123

Minneapolis, MN 55440-1123

Mercy Health Partners

PO Box 630804

Cincinnati, OH 45263-0804

Mercy Health Physicians

PO Box 630827

Cincinnati, OH 45263-0827

Mercy Hospital Fairfield

PO Box 630804

Cincinnati, OH 45263-0804

Monroe & Main

c/o Creditors Bankruptcy Service

P.O. Box 800849

Dallas, TX 75380-0849

Monroe and Main

1112 7th Ave.

Monroe, WI 53566-1364

Montgomery Ward

1112 7th Ave.

Monroe, WI 53566-1364

Montgomery Ward

c/o Creditors Bankruptcy Service

P.O. Box 800849

Dallas, TX 75380-0849

Ohio GI and Liver Institute

PO Box 631217

Cincinnati, OH 45263-1217

PRA Receivables Management, LLC

PO Box 41021

Norfolk, VA 23541-1021

Quantum3 Group LLC as agent for

CF Medical LLC

PO Box 788

Kirkland, WA 98083-0788

Receivables Management LLC

1809 N .Broadway Rd.

Greensburg, IN 47240-8217

Receivables Performance Management LLC

20816 44th Avenue W.

Lynnwood, WA 98036-7744

Robert Samaan, MD
3050 Mack Rd.
Suite 305
Fairfield, OH 45014-5376

SENEX SERVICES CORP
3333 FOUNDERS RD, 2ND FLOOR
INDIANAPOLIS, IN 46268-4932

SYNCB/Care Credit
PO Box 965036
Orlando, FL 32896-5036

Senex Services
3333 Founders Road
Suite 200
New Augusta, IN 46268-4932

Senex Services Corp.
3077 E 98th St., Ste 250
Indianapolis, IN 46280-2909

Spectrum Time Warner
PO Box 1060
Carol Stream, IL 60132-1060

Swiss Colony
1112 7th Avenue
Monroe, WI 53566-1364

Synchrony Bank
c/o PRA Receivables Management, LLC
PO Box 41021
Norfolk, VA 23541-1021

The Swiss Colony
c/o Creditors Bankruptcy Service
P.O. Box 800849
Dallas, TX 75380-0849

Tri-State Centers for Sight
PO Box 631662
Cincinnati, OH 45263-1662

TruPartner Credit Union
1717 Westen Ave.
Cincinnati, OH 45214-2007

Wells Fargo
PO Box 10335
Des Moines, IA 50306-0335

Wells Fargo Bank, N.A.
Default Document Processing
MAC# N9286-01Y
1000 Blue Gentian Road
Eagan MN 55121-7700

Wells Fargo Bank, NA
c/o Manley Deas Kochalski LLC
P.O. Box 165028
Columbus, OH 43216-5028

Nicholas A Zingarelli
DannLaw
2181 Victory Parkway
Suite 101
Cincinnati, OH 45206-2907

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

Choice Recovery
1550 Old Henderson Rd., Ste. S100
Columbus, OH 43220

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Senex Services Corp.

(u)Wells Fargo Bank, N.A.

End of Label Matrix	
Mailable recipients	44
Bypassed recipients	2
Total	46

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Insured: Robert & Gladys Dubose
Property: 549 Bessinger Dr.
Cincinnati, OH 45240-3956

Cellular: (513) 604-8954

Claim Rep.: James Lynch

Estimator: Jay Land, AIC, AIM

Cellular: (614) 204-4232
E-mail:

Reference:
Company: Ohio Fair Plan Underwriting Assn
Business: 2500 Corporate Exchange Dr, Ste. 250
Columbus, OH 43231

Claim Number: Policy Number: Type of Loss: Water Damage

Date Contacted: 3/4/2021

Date of Loss: 3/2/2021

Date Received: 3/4/2021

Date Inspected: 3/4/2021 2:00 PM

Date Entered: 4/3/2021 9:30 PM

Price List: OHCI&X_MAR21

Restoration/Service/Remodel

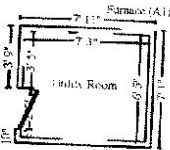
Estimate: DUBOSE, ROBERT
GLADYS

Note: This is a repair estimate, only. This is not an authorization to repair. Authorization to repair and guarantee of payment must come from the owner of the property. No inspector or appraiser has authority to authorize repair or guarantee payment. We do not assume any responsibility of repairs that may be made.

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

DUBOSE, ROBERT-GLADYS
Lower Level



Utility Room		Height: 8'
202.00 SF Walls	46.52 SF Ceiling	
248.52 SF Walls & Ceiling	46.52 SF Floor	
5.17 SY Flooring	24.83 LF Floor Perimeter	
27.33 LF Ceil. Perimeter		

Door		2' 6" X 6' 8"		Opens into Exterior					
QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Remove Packaged air conditioning unit - 3.5 ton 14-16 SEER									
1.00 EA	144.44	0.00	28.88	173.32	0/16 yrs	Avg.	NA	(0.00)	173.32
Packaged air conditioning unit - 3.5 ton 14-16 SEER									
1.00 EA	3,401.56	205.22	721.36	4,328.14	15/16 yrs	Avg.	75% [M]	(2,127.17)	2,200.97
<i>Depreciation applied to furnace unit materials is based on age of approximately 15 years with a life expectancy of 16 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>									
HVAC Technician - per hour									
2.50 HR	99.41	0.00	49.70	298.23	0/NA	Avg.	0%	(0.00)	298.23
<i>Additional labor to remove plenum/ductwork above unit and clean out cubby.</i>									
Remove Vinyl tile - Standard grade									
46.52 SF	1.18	0.00	10.98	65.87	0/50 yrs	Avg.	NA	(0.00)	65.87
Vinyl tile - Standard grade									
53.50 SF	2.86	4.88	31.58	189.47	25/50 yrs	Avg.	50%	(33.74)	155.73
<i>Depreciation applied to tile flooring materials is based on age of approximately 25 years with a life expectancy of 50 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>									
Vinyl Floor Covering Installer - per hour									
2.00 HR	86.91	0.00	34.76	208.58	0/NA	Avg.	0%	(0.00)	208.58
<i>Additional labor to cut tile to fit around plumbing lines and other obstacles in this room.</i>									
Washing machine - Remove & reset									
1.00 EA	40.87	0.00	8.18	49.05	0/NA	Avg.	0%	(0.00)	49.05
Dryer - Remove & reset									
1.00 EA	31.51	0.00	6.30	37.81	0/NA	Avg.	0%	(0.00)	37.81
Content Manipulation charge - per hour									
2.00 HR	39.16	0.00	15.66	93.98	0/NA	Avg.	0%	(0.00)	93.98
Totals: Utility Room		210.10	907.40	5,444.45				2,160.91	3,283.54
Total: Lower Level		210.10	907.40	5,444.45				2,160.91	3,283.54

Main Level

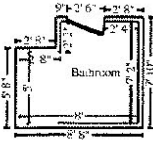
DUBOSE, ROBERT-GLADYS

5/24/2021

Page: 2

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262



Bathroom

Height: 8'

225.53 SF Walls	51.29 SF Ceiling
276.81 SF Walls & Ceiling	51.29 SF Floor
5.70 SY Flooring	27.77 LF Floor Perimeter
30.27 LF Ceil. Perimeter	

Door	2' 6" X 6' 8"					Opens into Exterior				
QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
Remove Bathtub										
1.00 EA	78.14	0.00	15.62	93.76	0/50 yrs	Avg.	NA	(0.00)	93.76	
Bathtub										
1.00 EA	789.79	31.78	164.32	985.89	25/50 yrs	Avg.	50%	(219.64)	766.25	
<i>Depreciation applied to bath tub materials is based on age of approximately 25 years with a life expectancy of 50 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>										
Caulking - silicone										
34.00 LF	2.03	0.48	13.90	83.40	10/5 yrs	Avg.	75% [M]	(4.95)	78.45	
<i>Depreciation applied to caulk materials is based on age of approximately 10 years with a life expectancy of 5 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>										
Remove and Replace Tub/shower faucet										
1.00 EA	306.15	10.92	63.40	380.47	25/20 yrs	Avg.	75% [M]	(113.19)	267.28	
Remove and Replace Shower drain - for use with waterproof membrane										
1.00 EA	212.36	11.37	44.74	268.47	25/100 yrs	Avg.	25%	(39.28)	229.19	
Remove and Replace Drain/Vent line - PVC pipe with fitting and hanger, 2"										
4.00 LF	12.70	0.51	10.26	61.57	25/100 yrs	Avg.	25%	(1.78)	59.79	
Totals: Bathroom		55.06	312.24	1,873.56					378.84	1,494.72
Total: Main Level		55.06	312.24	1,873.56					378.84	1,494.72

General Conditions

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
Single axle dump truck - per load - including dump fees										
1.00	EA	192.67	0.00	38.54	231.21	0/NA	Avg.	NA	(0.00)	231.21
Totals: General Conditions		0.00	38.54	231.21					0.00	231.21
Line Item Totals: DUBOSE_ ROBERT-GLADYS		265.16	1,258.18	7,549.22					2,539.75	5,009.47

[%] - Indicates that depreciate by percent was used for this item
[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Grand Total Areas:

427.53	SF Walls	97.81	SF Ceiling	525.33	SF Walls and Ceiling
97.81	SF Floor	10.87	SY Flooring	52.61	LF Floor Perimeter
0.00	SF Long Wall	0.00	SF Short Wall	57.61	LF Ceil. Perimeter
97.81	Floor Area	117.90	Total Area	427.53	Interior Wall Area
533.13	Exterior Wall Area	62.94	Exterior Perimeter of Walls		
0.00	Surface Area	0.00	Number of Squares	0.00	Total Perimeter Length
0.00	Total Ridge Length	0.00	Total Hip Length		

Land Claims Services, LLC

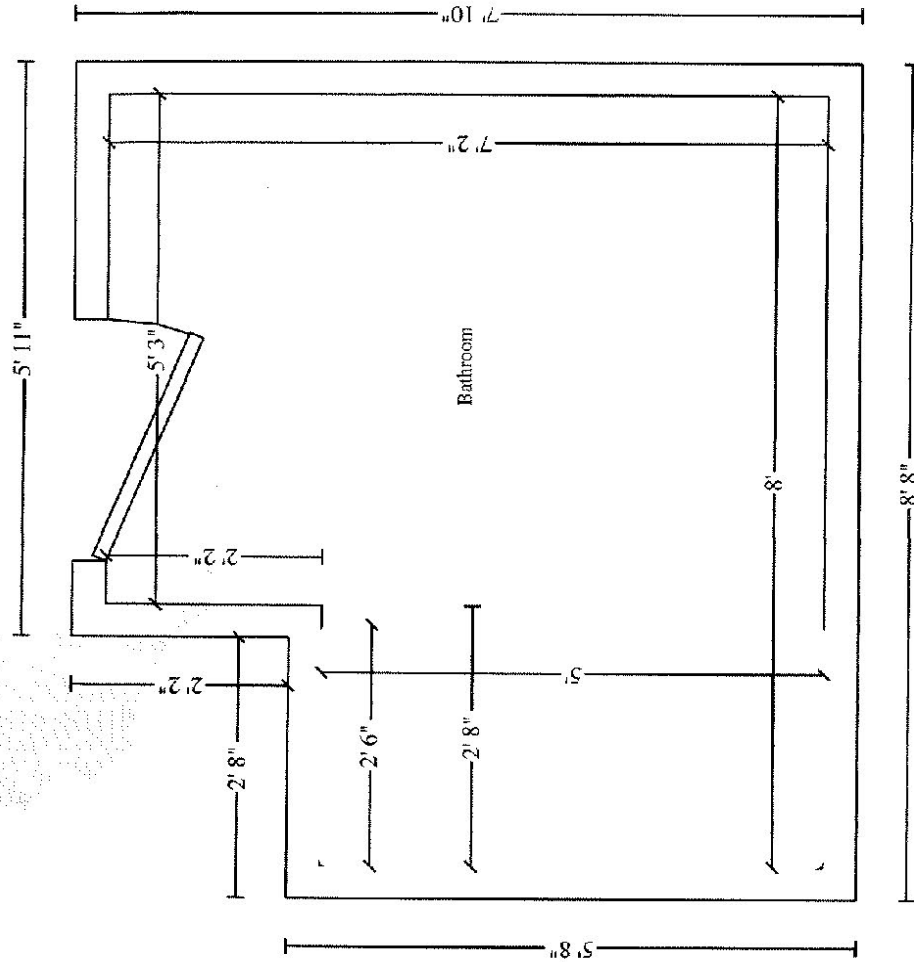
652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Summary for Coverage A - Dwelling

Line Item Total	6,025.88
Material Sales Tax	265.16
Subtotal	6,291.04
Overhead	629.09
Profit	629.09
Replacement Cost Value	\$7,549.22
Less Depreciation	(2,539.75)
Actual Cash Value	\$5,009.47
Less Deductible	(250.00)
Net Claim	\$4,759.47
Total Recoverable Depreciation	2,539.75
Net Claim if Depreciation is Recovered	\$7,299.22

Jay Land, AIC, AIM

Main Level



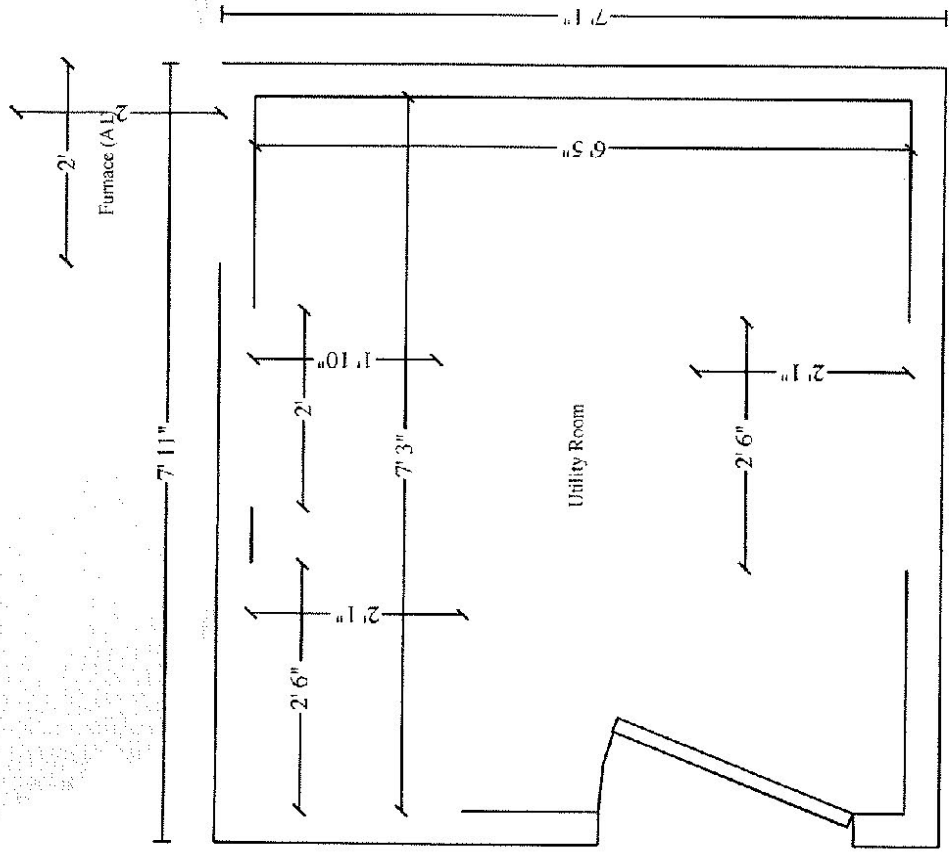
DUBOSE, ROBERT GLADYS

5/24/2021

Lower Level

DUBOSE, ROBERT-GLADYS

5/24/2021



Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Insured: Robert & Gladys Dubose
Property: 549 Bessinger Dr.
Cincinnati, OH 45240-3956

Cellular: (513) 604-8954

Claim Rep.: James Lynch

Estimator: Jay Land, AIC, AIM

Cellular: (614) 204-4232
E-mail:

Reference:
Company: Ohio Fair Plan Underwriting Assn
Business: 2500 Corporate Exchange Dr, Ste. 250
Columbus, OH 43231

Claim Number **Policy Number:** **Type of Loss: Water Damage**

Date Contacted: 3/4/2021

Date of Loss: 3/2/2021

Date Received: 3/4/2021

Date Inspected: 3/4/2021 2:00 PM

Date Entered: 4/3/2021 9:30 PM

Price List: OHCISX_MAR21
Restoration/Service/Remodel

Estimate: DUBOSE, ROBERT-
GLADYS

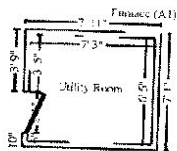
Note: This is a repair estimate, only. This is not an authorization to repair. Authorization to repair and guarantee of payment must come from the owner of the property. No inspector or appraiser has authority to authorize repair or guarantee payment. We do not assume any responsibility of repairs that may be made.

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

DUBOSE, ROBERT-GLADYS

Lower Level



Utility Room

Height: 8'

202.00 SF Walls	46.52 SF Ceiling
248.52 SF Walls & Ceiling	46.52 SF Floor
5.17 SY Flooring	24.83 LF Floor Perimeter
27.33 LF Ceil. Perimeter	

Door

2' 6" X 6' 8"

Opens into Exterior

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
Remove Packaged air conditioning unit - 3.5 ton 14-16 SEER									
1.00 EA	144.44	0.00	28.88	173.32	0/16 yrs	Avg.	NA	(0.00)	173.32
Packaged air conditioning unit - 3.5 ton 14-16 SEER									
1.00 EA	3,401.56	205.22	721.36	4,328.14	15/16 yrs	Avg.	75% [M]	(2,127.17)	2,200.97
<i>Depreciation applied to furnace unit materials is based on age of approximately 15 years with a life expectancy of 16 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>									
HVAC Technician - per hour									
2.50 HR	99.41	0.00	49.70	298.23	0/NA	Avg.	0%	(0.00)	298.23
<i>Additional labor to remove plenum/ductwork above unit and clean out cubby.</i>									
Remove Vinyl tile - Standard grade									
46.52 SF	1.18	0.00	10.98	65.87	0/50 yrs	Avg.	NA	(0.00)	65.87
Vinyl tile - Standard grade									
53.50 SF	2.86	4.88	31.58	189.47	25/50 yrs	Avg.	50%	(33.74)	155.73
<i>Depreciation applied to tile flooring materials is based on age of approximately 25 years with a life expectancy of 50 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>									
Vinyl Floor Covering Installer - per hour									
2.00 HR	86.91	0.00	34.76	208.58	0/NA	Avg.	0%	(0.00)	208.58
<i>Additional labor to cut tile to fit around plumbing lines and other obstacles in this room.</i>									
Washing machine - Remove & reset									
1.00 EA	40.87	0.00	8.18	49.05	0/NA	Avg.	0%	(0.00)	49.05
Dryer - Remove & reset									
1.00 EA	31.51	0.00	6.30	37.81	0/NA	Avg.	0%	(0.00)	37.81
Content Manipulation charge - per hour									
2.00 HR	39.16	0.00	15.66	93.98	0/NA	Avg.	0%	(0.00)	93.98
Totals: Utility Room		210.10	907.40	5,444.45				2,160.91	3,283.54
Total: Lower Level		210.10	907.40	5,444.45				2,160.91	3,283.54

Main Level

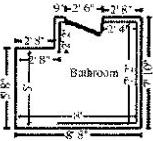
DUBOSE, ROBERT-GLADYS

5/24/2021

Page: 2

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262



Bathroom

Height: 8'

225.53 SF Walls	51.29 SF Ceiling
276.81 SF Walls & Ceiling	51.29 SF Floor
5.70 SY Flooring	27.77 LF Floor Perimeter
30.27 LF Ceil. Perimeter	

Door		2' 6" X 6' 8"		Opens into Exterior						
QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
Remove Bathtub										
1.00	EA	78.14	0.00	15.62	93.76	0/50 yrs	Avg.	NA	(0.00)	93.76
Bathtub										
1.00	EA	789.79	31.78	164.32	985.89	25/50 yrs	Avg.	50%	(219.64)	766.25
<i>Depreciation applied to bath tub materials is based on age of approximately 25 years with a life expectancy of 50 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>										
Caulking silicone										
34.00	LF	2.03	0.48	13.90	83.40	10/5 yrs	Avg.	75% [M]	(4.95)	78.45
<i>Depreciation applied to caulk materials is based on age of approximately 10 years with a life expectancy of 5 years, based on advisement of the age of the materials. Xactimate pricing and depreciation database was utilized for this aspect of the estimate.</i>										
Remove and Replace Tub/shower faucet										
1.00	EA	306.15	10.92	63.40	380.47	25/20 yrs	Avg.	75% [M]	(113.19)	267.28
Remove and Replace Shower drain - for use with waterproof membrane										
1.00	EA	212.36	11.37	44.74	268.47	25/100 yrs	Avg.	25%	(39.28)	229.19
Remove and Replace Drain/Vent line - PVC pipe with fitting and hanger, 2"										
4.00	LF	12.70	0.51	10.26	61.57	25/100 yrs	Avg.	25%	(1.78)	59.79
Totals: Bathroom		55.06	312.24	1,873.56				378.84	1,494.72	
Total: Main Level		55.06	312.24	1,873.56				378.84	1,494.72	

General Conditions

QUANTITY	UNIT	TAX	O&P	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV	
Single axle dump truck - per load - including dump fees										
1.00	EA	192.67	0.00	38.54	231.21	0/NA	Avg.	NA	(0.00)	231.21
Totals: General Conditions		0.00	38.54	231.21				0.00	231.21	
Line Item Totals: DUBOSE, ROBERT-GLADYS		265.16	1,258.18	7,549.22				2,539.75	5,009.47	

[%] - Indicates that depreciate by percent was used for this item
[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item

Fax Server 12/024 PAGE 5:23:38 PM 8/21/2021

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Grand Total Areas:

427.53 SF Walls	97.81 SF Ceiling	525.33 SF Walls and Ceiling
97.81 SF Floor	10.87 SY Flooring	52.61 LF Floor Perimeter
0.00 SF Long Wall	0.00 SF Short Wall	57.61 LF Ceil. Perimeter
97.81 Floor Area	117.90 Total Area	427.53 Interior Wall Area
533.13 Exterior Wall Area	62.94 Exterior Perimeter of Walls	
0.00 Surface Area	0.00 Number of Squares	0.00 Total Perimeter Length
0.00 Total Ridge Length	0.00 Total Hip Length	

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Land Claims Services, LLC

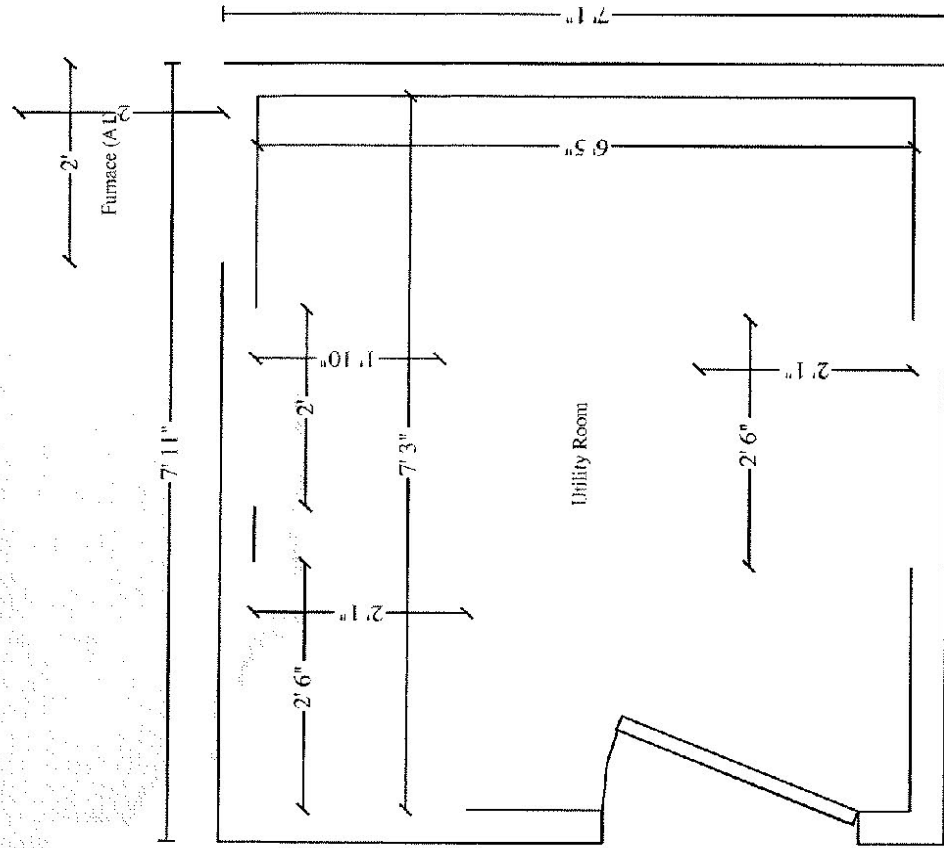
652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Summary for Coverage A - Dwelling

Line Item Total	6,025.88
Material Sales Tax	265.16
Subtotal	6,291.04
Overhead	629.09
Profit	629.09
Replacement Cost Value	\$7,549.22
Less Depreciation	(2,539.75)
Actual Cash Value	\$5,009.47
Less Deductible	(250.00)
Net Claim	\$4,759.47
Total Recoverable Depreciation	2,539.75
Net Claim if Depreciation is Recovered	\$7,299.22

Jay Land, AIC, AIM

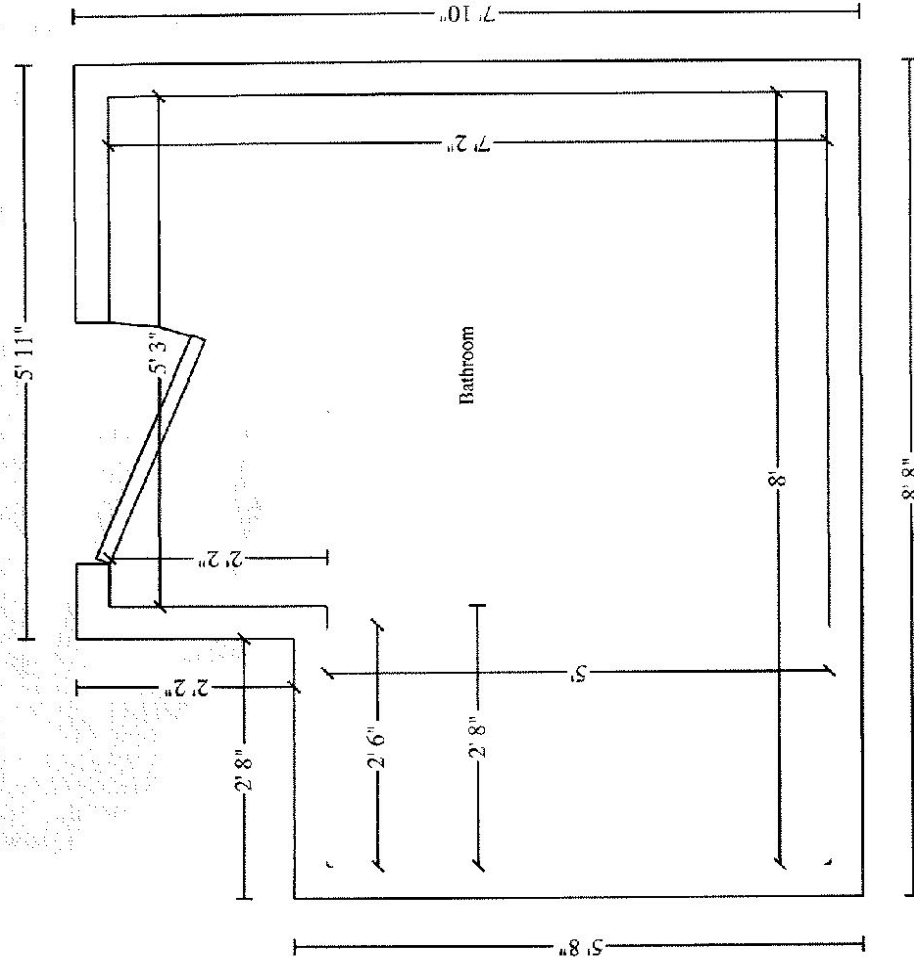
Lower Level



DUBOSE, ROBERT-GLADYS

5/24/2021

Main Level



DUROSE, R. OBERT-GLADYS

5/24/2021

Land Claims Services, LLC

652 Blazing Trail
Oregonia, OH 45054
Tax ID #: 27-0478262

Insured: Robert & Gladys Dubose
Property: 549 Bessinger Dr.
Cincinnati, OH 45240-3956

Cellular: (513) 604-8954

Claim Rep.: James Lynch

Estimator: Jay Land, AIC, AIM

Cellular: (614) 204-4232
E-mail:

Reference:
Company: Ohio Fair Plan Underwriting Assn
Business: 2500 Corporate Exchange Dr, Ste. 250
Columbus, OH 43231

Claim Number: Policy Number: Type of Loss: Water Damage

Date Contacted: 3/4/2021
Date of Loss: 3/2/2021
Date Inspected: 3/4/2021 2:00 PM
Date Received: 3/4/2021
Date Entered: 4/3/2021 9:30 PM

Price List: OHCI8X_MAR21
Restoration/Service/Remodel
Estimate: DUBOSE_ROBERT-
GLADYS

Note: This is a repair estimate, only. This is not an authorization to repair. Authorization to repair and guarantee of payment must come from the owner of the property. No inspector or appraiser has authority to authorize repair or guarantee payment. We do not assume any responsibility of repairs that may be made.

ILD 270883

Form W-9
(Rev. October 2015)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form W-9 to requester. Do not send to the IRS.

1. Name (as shown on your income tax return; name is required on this line; do not leave this line blank)
Wingate Mechanical Inc

2. Business name (disregarded entity name, if different from above)

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
☐ Individual sole proprietor or single-member LLC
☐ S Corporation
☒ C Corporation
☐ Partnership
☐ Trust/beneficiary
☐ Limited liability company. Enter the tax classification (e.g., C corporation, S corporation, partnership) in the space below:
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
☐ Other (see instructions) _____

4. Exemptions (codes apply only to certain entities; not individual filers; see instructions on page 3)
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Payee for a trust, interest, or annuity only)

5. Address (number, street, and apt. or suite no.) See instructions.
11800 Kemper Springs Drive

6. City, state, and ZIP code
Cincinnati, OH 45240

7. Use account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
 -
 OR
 -

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here [Signature] Date 7-20-21

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/formw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1099-I (home mortgage interest), 1099-E (student loan interest), 1099-T (taxation)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

1LD 270883

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CONTRACTOR CERTIFICATION

Document Page 23 of 29



Business Name: Wingate Mechanical
Owner Name: Chris Wingate
Business Address: 11800 Kemper Springs drive
City: Cincinnati State: OH Zip Code: 45240
Telephone (513) 799 4238 E-mail: _____
Property Owner's Name: MLP
Property Address: _____
City: _____ State: _____ Zip Code: _____
Insurance Carrier: _____ Claim No. _____

The undersigned certifies that, where required by applicable law, the business named above holds a valid, unexpired contractor's license, maintains worker's compensation and liability insurance, and is bonded by Fidelity (Surety Company).

The undersigned certifies that all damages to the property will be repaired per the insurance adjuster's report under the claim number referenced above and confirms that the repairs shall comply with all applicable zoning, permit and state and local building codes. The estimated cost of the repairs is \$

Wingate Mechanical
Name of Business

HVAC - \$4,800.00
plumbing - \$3,802.47

[Signature]
Signature of Authorized Contractor Representative(s)

Randi Leigh
Printed Name and Title

10/23/21
Date



Rushmore Loan Management, Attn: Loss Draft Department, PO Box 791439, San Antonio, TX 78279-1439
Phone: (866)-661-9372 Fax: (866) 321-2435

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Loan #: *****6386
Property Address: 549 BESSINGER DRIVE CINCINNATI, OH 452403956
ILD: 270883

I do hereby authorize Rushmore Loan Management (my lender/mortgage servicer) to release or otherwise provide any and all information related to the claim file referenced above to the following 3rd party:

Chris Wingate of Wingate Mechanical in his/her capacity as
Name Company (if applicable)

HVAC repair 513-739-4238
Relationship (if applicable) Phone #

The lender/mortgage servicer will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the 3rd party when he/she asks to discuss my claim file or seek information about my claim file. Nor shall the lender/mortgage servicer have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my claim file.

I do hereby indemnify and forever hold harmless the lender/mortgage servicer from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/mortgage servicer which I and/or my heirs may have resulting from the lender/mortgage servicer discussing my claim file and/or providing any information concerning my claim file to the above named 3rd party or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and fax this form to (866) 321-2435.

Note: No information concerning your claim file will be provided to the 3rd party until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All mortgagors listed on the Mortgage must sign.

Printed Customer Name Robert L Dubose Customer Signature Robert L Dubose Date 7-13-21

Printed Customer Name GLADYS DUBOSE Customer Signature GLADYS DUBOSE Date 7-13-21

Loan Number: *****6386

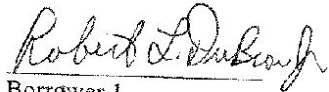
ROBERT L DUBOSE JR
549 BESSINGER DRIVE
CINCINNATI, OH 452403956

Letter of Financial Responsibility

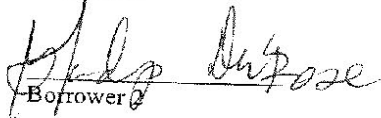
Rushmore Loan Management has been advised that there has been property damage to the above referenced property. Rushmore Loan Management requires the contractor's bid match and not exceed the amount of damages identified by the insurance carrier's filed claim. A discrepancy currently exists between the covered amount of damages paid by your insurance company and the amount of your contractor's bid. Specifically, your contractor's bid to repair the estimated damages exceeds the amount issued for covered damages by the insurance company. This Letter of Financial Responsibility serves as confirmation that you will be responsible for payment of the amount of repairs that exceed the amount of insurance claim funds issued by the carrier along with attesting to the following statements:

1. I/We understand that the contractor's bid exceeds the amount of funds issued by my insurance carrier.
2. I/We understand that I/We will be responsible for any payment to the contractor that is above and beyond the amount of funds issued by the insurance carrier prior to the final disbursement is released by Rushmore Loan Management.
3. I/We understand that any inspection results will be based upon repairs completed to the property in conjunction with the original scope of damage. If the insurance carrier is unable to provide a detailed scope of damage, the contractor's bid may then be utilized to verify repair status.
4. I/We understand that any disbursements issued past the initial draw will require satisfactory inspection results based upon the loss draft guidelines in conjunction with item #3 on this Letter of Financial Responsibility.
5. I/We understand that Rushmore Loan Management is not responsible for payment of damages that extend beyond the settled amount of damages provided by the insurance carrier.

By signing below, I/We acknowledge and agree to the above terms and conditions.


Borrower 1

6-22-21
Date


Borrower 2

6-22-21
Date

Mortgagor's Intent To Repair



Loan Number: *****6386

Date of Loss: _____

ILD#: 270883

I/we, the undersigned mortgagor(s) being first duly sworn depose and state that I/we am/are the owner(s) of the property located at 549 BESSINGER DRIVE, CINCINNATI, OH 452403956 and that on or about 03/02/2021, the improvements on said Property were damaged and all damage has been, or will be, fully repaired and that the repaired portion of the Property and improvements are now or will be in as good a condition as the Property and improvements were prior to the damage. The Mortgagor(s) further state(s) that the repairs to the Property have been, or will be, fully paid from the proceeds of the Loss Draft from Rushmore Loan Mgmt. and that no mechanic's or materialmen's liens are attached or will be attached to the Property by reason of said repairs.

Mortgagor Robert L. Dubose Jr. Date 6-22-21
Mortgagor John Dubose Date 6-22-21



Loan Number: *****6386

ROBERT L DUBOSE JR
BESSINGER DRIVE
CINCINNATI, OH 452403956

Letter of Financial Responsibility

Rushmore Loan Management has been advised that there has been property damage to the above referenced property. Rushmore Loan Management requires the contractor's bid match and not exceed the amount of damages identified by the insurance carrier's filed claim. A discrepancy currently exists between the covered amount of damages paid by your insurance company and the amount of your contractor's bid. Specifically, your contractor's bid to repair the estimated damages exceeds the amount issued for covered damages by the insurance company. This Letter of Financial Responsibility serves as confirmation that you will be responsible for payment of the amount of repairs that exceed the amount of insurance claim funds issued by the carrier along with attesting to the following statements:

1. I/We understand that the contractor's bid exceeds the amount of funds issued by my insurance carrier.
2. I/We understand that I/We will be responsible for any payment to the contractor that is above and beyond the amount of funds issued by the insurance carrier prior to the final disbursement is released by Rushmore Loan Management.
3. I/We understand that any inspection results will be based upon repairs completed to the property in conjunction with the original scope of damage. If the insurance carrier is unable to provide a detailed scope of damage, the contractor's bid may then be utilized to verify repair status.
4. I/We understand that any disbursements issued past the initial draw will require satisfactory inspection results based upon the loss draft guidelines in conjunction with item #3 on this Letter of Financial Responsibility.
5. I/We understand that Rushmore Loan Management is not responsible for payment of damages that extend beyond the settled amount of damages provided by the insurance carrier.

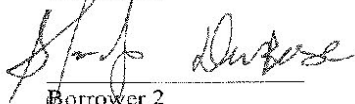
By signing below, I/We acknowledge and agree to the above terms and conditions.



Borrower 1

7-13-21

Date



Borrower 2

7-13-21

Date

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Conditional Waiver and Release of Liens



Loan Number: *****6386

ILD#: 270883

The undersigned, having furnished materials and/or performed labor in connection with the construction (the "Project") of certain improvements located at:
BESSINGER DRIVE, CINCINNATI in
HAMILTON County, OH State (the "Property"), for and in consideration of the payment to the Contractor of the sum hereinafter specified, does hereby acknowledge and release as follows:

Contract Total	Payments Received	Unpaid Balance
\$ 76,324.47	\$ 38,420.00	\$ 37,704.47

Upon receipt of the unpaid balance due in the amount of \$ 37,704.47, being full and final payment for all materials furnished and/or labor performed by Contractor for the Project (the "Work");

1. Contractor will waive and release any and all liens, rights and interests (whether choate or inchoate, and including, without limitation, all mechanics and materialmen's liens under the Constitution and statutes of the "Property" state) which are or may be owned, claimed or held by Contractor in and to the Property and the improvements constructed thereon by reason of the Work or otherwise, and Contractor will thereby RELEASE AND FOREVER DISCHARGE any and all claims, debts, demands or causes of action that Contractor has or may have as a result of the same including, without limitation, any liens of Contractor for the Work now or hereafter filed for record in said County.

2. Contractor represents warrants and certifies that all bills owed by Contractor for materials furnished and labor performed in connection with the Work have been or will be fully paid and satisfied. If for any reason a lien or liens are filed for materials or labor against the Property by virtue of Contractor's participation in the Project by any person claiming by, through or under the Contractor, then Contractor will immediately obtain a settlement of such lien or liens and obtain and furnish to the owners of the Property a release thereof. Contractor shall indemnify such owners and their respective heirs, successors and assigns from any such bill or liens and from all costs and expenses, including attorney's fees, incurred in discharging any such bill or removing any such liens.

Date: 7.14, 2021

Wingate Mechanical
Company Name

Authorized Signature

Chris Wingat
Printed Name and Title

CONTRACTOR CERTIFICATION

Document Page 29 of 29



Business Name: Wingate Mechanical
 Owner Name: Chris Wingate
 Business Address: 11860 Kemper Springs
 City: Cincinnati State: OH Zip Code: 45240
 Telephone: (513) 739-4238 E-mail: _____
 Property Owner's Name: ROBERT L. DeBOSE JR.
 Property Address: 549 BESSINGER DR.
 City: FOREST PARK State: OH Zip Code: 45240
 Insurance Carrier: OHIO FAIR PLAN Claim No. 159036

The undersigned certifies that, where required by applicable law, the business named above holds a valid, unexpired contractor's license, maintains worker's compensation and liability insurance, and is bonded by Fidelity (Surety Company).

The undersigned certifies that all damages to the property will be repaired per the insurance adjuster's report under the claim number referenced above and confirms that the repairs shall comply with all applicable zoning, permit and state and local building codes. The estimated cost of the repairs is \$ 7632.47.

Wingate Mechanical
 Name of Business
[Signature]
 Signature of Authorized Contractor Representative(s)
Chris Wingate
 Printed Name and Title
7.14.21
 Date



Rushmore Loan Management, Attn: Loss Draft Department, PO Box 791439, San Antonio, TX 78279-1439
 Phone: (866)-661-9372 Fax: (866) 321-2435